

CLAIMS ONLY	Application Number <div style="font-size: 1.5em; font-family: cursive;">10/669009</div>	Filing Date
Applicant(s) 		

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments						
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1	1						51						
2		1					52						
3	1						53						
4	1						54						
5		1					55						
6		1					56						
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44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep	15						Total Indep						
Total Depend	12						Total Depend						
Total Claims	27						Total Claims						

New